



SUFFOLK COUNTY DEPARTMENT OF SOCIAL SERVICES
SHELTER SUPPLEMENT APPLICATION

CENTER:	DATE:	
CASE NAME:	CASE NUMBER:	CATEGORY
CURRENT ADDRESS: _____ _____ _____	*PROPOSED ADDRESS (IF DIFFERENT): _____ _____ _____	
DAYTIME TELEPHONE NUMBER: _____		
<p>A shelter supplement can only be paid to a landlord who is the property owner, or his or her designee. Acceptable documentation: Tax bill, original letter from the town, copy of the recorded deed, letter from a commercial mortgage holder.</p> <p>* A Suffolk County Housing package must be attached if you are requesting assistance to move to a new address. All housing must be inspected prior to approval for agency assistance with cash security or a security agreement, Broker's fee or moving expenses. If you move into the housing before approval is given, payment may be denied.</p>		
INFORMATION ABOUT THE HOUSING TO BE SUPPLEMENTED:		
<p>1. MONTHLY RENT \$ _____</p> <p>2. HEAT <input type="checkbox"/> included <input type="checkbox"/> SEPARATE CHARGE (LIST TYPE) _____</p> <p>3. UTILITIES <input type="checkbox"/> included</p> <p style="padding-left: 100px;"><input type="checkbox"/> SEPARATE CHARGE FOR</p> <p style="padding-left: 100px;"><input type="checkbox"/> electric <input type="checkbox"/> natural gas <input type="checkbox"/> bottled gas <input type="checkbox"/> water</p>		
DO YOU CURRENTLY RECEIVE A SHELTER SUPPLEMENT FROM SUFFOLK COUNTY ?		
<input type="checkbox"/> NO <input type="checkbox"/> YES PLEASE LIST THE SOURCE OF THE SUPPLEMENT: _____		
WILL SOMEONE WHO DOES NOT LIVE WITH YOU HELP PAY THE RENT ON A MONTHLY BASIS?		
<input type="checkbox"/> NO <input type="checkbox"/> YES, a Third Party Contribution/Relationship Statement (SCO-2397) must be attached		
WHY ARE YOU APPLYING FOR A SHELTER SUPPLEMENT?		
<input type="checkbox"/> IN EMERGENCY HOUSING AND NEED ASSISTANCE TO RELOCATE <input type="checkbox"/> NEED TO RETAIN EXISTING HOUSING <input type="checkbox"/> NEED TO RELOCATE AND AM UNABLE TO FIND HOUSING WITHIN THE SHELTER STANDARDS		
Have you applied for Section 8 housing assistance? If yes, list date of application _____.		
Are you willing to apply? <input type="checkbox"/> Yes		
<input type="checkbox"/> No (You will be denied a shelter supplement if you refuse to apply)		
Has any member of your household lost Section 8 or Public Housing in the past 2 years?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: Month_____ Year_____		



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ARE YOUR SHELTER PAYMENTS IN ARREARS AT YOUR PRESENT ADDRESS?

☐ NO ☐ YES, list the amount of your shelter arrears

MONTH/ YEAR _____ AMOUNT \$ _____

MONTH/ YEAR _____ AMOUNT \$ _____

MONTH/ YEAR _____ AMOUNT \$ _____

MONTH/ YEAR _____ AMOUNT \$ _____

HAVE YOU MADE ANY PAYMENTS FOR YOUR SHELTER IN THE MONTHS FOR WHICH THERE ARE ARREARS?

☐ NO (STATE WHY) _____

☐ YES, list the amounts and the months paid. Attach receipts if available or a statement from your landlord.

LIST ALL PEOPLE WHO WILL LIVE IN THIS HOUSE WHO ARE RECEIVING TEMPORARY ASSISTANCE IN YOUR CASE.

ADULTS:

CHILDREN:

LIST ALL PEOPLE WHO WILL LIVE IN THIS HOUSE WHO ARE NOT RECEIVING TEMPORARY ASSISTANCE BECAUSE THEY RECEIVE SSI.

ADULTS:

CHILDREN:

DO YOU PLAN TO SHARE THIS DWELLING WITH ANOTHER TEMPORARY ASSISTANCE HOUSEHOLD?

☐ NO ☐ YES: PLEASE GIVE THE CASE NAME AND NUMBER _____

WILL YOU SHARE THIS DWELLING WITH ANY PERSON (S) WHO ARE NOT ON TEMPORARY ASSISTANCE OR SSI?.

☐ NO ☐ YES:

ADULTS:

CHILDREN:



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CASE NAME: _____

CASE NUMBER: _____

CONDITIONS AND ELIGIBILITY REQUIREMENTS

The Shelter Supplement program has certain eligibility requirements that must be met before approval can be granted. Continuing eligibility for the supplement can be lost if all conditions are not met.

1. You must be eligible for Temporary Assistance without the inclusion of the shelter supplement. Eligibility for the supplement is lost once the TA case is closed for any reason.
2. Your household must contain a child under age 18 or under age 19 and a full time student.
3. The supplement can only be granted if it will remove your household from emergency housing, prevent your placement into emergency housing or to retain your present housing.
4. You must be the tenant of record. This can be verified by a copy of your lease listing all household members, or a statement from your landlord listing all household members, the SCO/IM-221 Housing Verification Form can be used for current housing or the Housing Request Form SCO-506 for relocations.
5. You cannot share the proposed supplement dwelling with another Temporary Assistance case when there are no legal lines of responsibility.
6. You must submit documentation that proves ownership of the proposed supplement dwelling (tax bill or deed).
7. If the shelter standard allowance and shelter supplement combined is less than the total shelter cost, the amount that can be contributed to cover the balance will be limited according to household size.
8. You must be willing to have the entire shelter costs restricted and paid directly to the landlord. If the grant is lower than the full shelter cost, you must be willing to have SCDSS pay the full grant towards the shelter allowance and document that you have paid your portion of the rent each month.
9. Your household cannot include anyone who is sanctioned. If a member of the household becomes sanctioned in the future, this will cause the loss of the supplement.
10. All household members and third party contributors must be willing to provide income verification when requested by SCDSS. Failure to provide this documentation will result in the denial or loss of the supplemental shelter benefit.
11. All individuals with no income who share your housing must apply for and accept temporary assistance, if eligible to do so.
12. All Non-Temporary Assistance household members must contribute their pro-rata share of the rent except SSI recipients who must contribute their pro-rata share or 30% of their gross income, whichever is less.
13. Third Party contributors cannot be legally responsible for the support of any of the TA and NTA household members. Third party contributors must be willing to document the source and amount of income.
14. If you have rent arrears, there must be an approved plan on how these will be paid before the supplement can be granted.
15. Co-tenants are responsible for their share of shelter arrears unless it can be documented that (s)he paid the allotted share of the rent and the arrears are due strictly to your failure to pay your portion of the rent.
16. Receipt of a Shelter Supplement will result in a reduction in your Food Stamp benefits.
17. Shelter supplements are limited to the TA household shelter standard or applicant's actual shelter cost after the shelter standard and all contributions are deducted, whichever is less.
18. No member of your household can have lost Section 8 or Public Housing without good cause in the past 2 years.

I have read these conditions of eligibility for the rent supplementation program. I understand that I must be in compliance with these requirements in order to be approved for a shelter supplement. I further understand that I must report changes in my case circumstances within 10 days in order to continue my ongoing eligibility.

Client Signature: _____

Date: _____

Signature of husband, wife or protective payee

Date: _____